[[Court Name]]

[[Current Date Long]]

[[Case Number]]

[[Case Caption]]

MEDIATION CASE-SCREENING FORM

This screening form is sent to obtain information to be used by the Appellate Mediation Administrator in determining whether this case is appropriate for appellate mediation. Each party must file a copy of the completed Mediation Case-Screening Form and the Confidential Statement Form within 14 days of the date of this notice to the Appellate Mediation Office by either U.S. Mail to 300 Dexter Avenue, Montgomery, Alabama 36104, or by email to mediation@alappeals.gov. A copy of your completed Mediation Case-Screening Form is to be served on opposing counsel.

In addition to the forms noted in the first paragraph, the appellant shall attach (1) a copy of the docketing statement, (2) a copy of the complaint and any amendments to the complaint; (3) a copy of the order or judgment being appealed; (4) a copy of any postjudgment motion(s); and (5) a copy of any postjudgment order(s). These materials will assist the Administrator in determining the nature of the dispute.

FAILURE TO RETURN THE MEDIATION CASE- SCREENING FORM MAY RESULT IN SANCTIONS (SEE RULE 5 (i), ARAM).

Please complete your portion of this form.

A 1.1 O': O: T'	
Address, City, State, Zip	
Phone	E-mail
Appellee's Attorney	Alabama Bar No.
Address, City, State, Zip	
Phone	E-mail
POSTJUDGMENT MOTIONS	<u> </u>
Are there any postjudgment mot	tions still pending with the trial court?
Yes No	
If so, please attach explanation.	

ISSUES ON APPEAL (to be completed by appellant and/or cross-appellant only)

Are there any issues you expect to be raised on appeal that are not listed on the docketing statement? If so, please attach to this form a statement of those additional issues.

IN FORMA PAUPERIS

Were you granted leave to proceed in forma pauperis on appeal at the trial level? If so, attach a copy of the order granting such leave.

MEDIATION		
Was the case me	ediated at the tri	al level?
Yes	No	
Has the case bee	en mediated sinc	e entry of the order appealed?
Yes	No	
Date	 .	
Date		
Signature		
Print Name		Lead Counsel For

NOTE: This form is to be filed with the Appellate Mediation Office by U.S. Mail to 300 Dexter Avenue, Montgomery, AL 36104, or by email to mediation@alappeals.gov, within 14 days from the date of this form.

F2 10/21

CERTIFICATE OF SERVICE

I hereby	certify a copy of the	foregoing docum	nent has bee	en served on
this	day of		, 20	, to counsel
noted be	low:			
Served E	By:			
	U. S. Mail to their	regular mailing	g address or	by
	Email to their reg	ular email addro	ess	
		s/		
		Of Counsel		